

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009802

STATE FILE NUMBER

FILED APR 7 1959

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

152

300
-57

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1400 North River			Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 2328 Bellevue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Doroteo Middle - Last Pena				4. DATE OF DEATH Month 3 Day 29 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-5-1881	9. AGE (In years last birthday) 78	10. FUNDING YEAR Months 3 Days 0	11. IF UNDER 24 HRS. Hours 0 Min. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe R.R.		11. BIRTHPLACE (City and state or country) Mexico		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joaquin Pena			13b. MOTHER'S MAIDEN NAME Juanita Magana		14. NAME OF HUSBAND OR WIFE Juanita Pena		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 709-16-4435		17. INFORMANT Address Mr. John Compo: 812 East 5th St. K.C., Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malnutrition last several months.						INTERVAL BETWEEN ONSET AND DEATH 4200	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour 11:30 a.m. 11:30 p.m. 11:30 Month, Day, Year March 23, 1959		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from March 23, 1959 to March 29, 1959 and last saw her alive on March 29, 1959 Death occurred at 11:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. K. Kouch (Degree or title)				22b. ADDRESS 10901 Linner Rd. Indep, Mo.		22c. DATE SIGNED 3-30-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-1-1959		23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
24. FUNERAL DIRECTOR Weilert Funeral Homes(W) K.C., Mo.				25. DATE RECD. BY LOCAL REG. 4-1-59		26. REGISTRAR'S SIGNATURE James H. Gray	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

201 7 1 AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *B. E. Weir*

Licensed Embalmer No. *4075*

P. O. Address *K.C. 8 Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.